

Twin Bridges Park District Assessment Appeal Form

Date: _____

Name: _____

Address: _____

Dwelling Type: _____

Year Built: _____

Tax ID Number: _____

Reason for Appeal: _____

Other Comments:

Twin Bridges Park District Review:

Approved: _____

Not Approved: _____

Reason for Decision: _____

Authorized Signature: _____

Twin Bridges Park District Chair

Return Form to: Deb Bradley
Twin Bridges Park District Board
3753 MT Highway 287
Sheridan MT 59749